To: South Dakota Office of Emergency Management

Subject: Subrecipient Certification of Compliance with Foreign National Vetting Requirements

Dear South Dakota Office of Emergency Management,

In accordance with the applicable Notices of Funding Opportunity, and the terms and conditions of the Emergency Management Performance Grant (EMPG), **Kingsbury County** hereby certifies compliance with the foreign national vetting requirements as outlined below:

1. **Employment Eligibility Verification:**
   - **Kingsbury County** retains completed Form I-9, Employee Eligibility Verification, documentation for all employees whose personnel or fringe costs are charged directly to the federal award, consistent with the Immigration Reform and Control Act of 1986 and 8 C.F.R. Part 274a.

2. **No Foreign Nationals (if applicable):**
   - **Kingsbury County** certifies that all personnel charged to the subaward are U.S. citizens or nationals and that the vetting requirements related to foreign nationals do not apply. [Indicate as N/A if not applicable] _____

3. **Foreign Nationals Charged to the Award (if applicable):**
   - **Kingsbury County** certifies that such individual has been properly vetted in accordance with federal employment eligibility requirements, and that form I-9 documentation is on file. [Indicate as N/A if not applicable] _____

4. **Documentation and Record Retention:**
   - All vetting records, Form I-9 documentation, short bios, resumes, and other supporting materials referenced in this certification are retained by **Kingsbury County** in accordance with federal statutes, regulations, award record retention requirements, and applicable laws.
   - Such documentation will be maintained in a manner consistent with privacy protections and made available to FEMA only upon request during monitoring or audit.
   - **Kingsbury County** maintains organizational leadership and board member information on file and will provide it to the recipient upon request.

Attestation:
I certify that, to the best of my knowledge and belief, the information provided in this certification is accurate and complete. **Kingsbury County** attests that vetting has been conducted consistent with federal grant requirements, and that subrecipient compliance has been verified.

Signature _____

[Date]

Authorized Official Information (Signature):

- **Printed Name:** _____
- **Title:** _____
- **Phone:** _____
- **Email:** _____